

NOTICE OF CONTRACTING OPPORTUNITY
APPLICATION FOR NAVY CONTRACT POSITIONS
THIS IS NOT A CIVIL SERVICE POSITION
ISSUE DATE: 7 February 2003

I. IMPORTANT INFORMATION: Cutoff date and time for receipt of applications is 3:00 PM EST on or before 28 February 2003. Send applications to the following address:

**Naval Medical Logistics Command
ATTN: Code 02 (21C)
1681 Nelson Street
Fort Detrick, Md 21702-9203
Email: Acquisitions@us.med.navy.mil
Phone: (301) 619-6021**

A. NOTICE. This position is set-aside for an individual Family Practice Physician. Applications from companies will not be considered; additionally, applications from active duty Navy personnel, civilian employees of the Navy, or persons currently performing medical services under other Navy contracts will not be considered without the prior written approval of the Contracting Officer.

B. POSITION SYNOPSIS. The Government is seeking to place under contract an individual who holds a current, unrestricted license to practice in the area of family practice medicine in any one of the fifty States, the District of Columbia, the Commonwealth of Puerto Rico, Guam or the U.S. Virgin Islands. This person will perform the duties of a Family Practice Physician. This individual must also (1) meet all the requirements contained herein; and, (2) competitively win this contract award (see paragraphs D and E).

You shall provide services as a Family Practice Physician at the Naval Hospital, Corpus Christi, TX.

You shall provide between 8 and 12 hours of services Monday through Sunday between the hours of 0730 and 2000 (7:30 AM to 8:00 PM). Specific hours may change at the discretion of the Commanding Officer. In no instance will you be required to provide services in excess of 80 hours per two-week period. You shall arrive for each scheduled shift in a well rested condition and shall have had at least 6 hours of rest from all other duties as a Family Practice Physician.

You shall accrue 10 hours of paid leave, combined annual (vacation) and sick leave at the end of every 2-week period worked. Your services shall not be required on the following federally established paid holidays: New Year's Day, and Christmas Day. You shall be compensated by the Government for these periods of planned absence. In the instance where you perform services on a federally established holiday, the Commanding Officer will grant the equivalent compensatory time off in the same pay period.

This position is for a period beginning from the start date, (a date agreed upon by the successful applicant and the Government), through 30 September of the following fiscal year, with options to extend the contract for a total of five years. The contract will be renewable each year at the option of the Navy.

II. STATEMENT OF WORK

A. The use of "Commanding Officer" means: Commanding Officer, Naval Hospital, Corpus Christi, TX, or designated representative, e.g. Technical Liaison.

B. SUITS ARISING OUT OF MEDICAL MALPRACTICE. The health care worker is serving at the military treatment facility under a personal services contract entered into under the authority of section 1091 of Title 10, United States Code.

Accordingly, section 1089 of Title 10, United States Code shall apply to personal injury lawsuits filed against the health care worker(s) based on negligent or wrongful acts or omissions incident to performance within the scope of this contract. You are not required to maintain medical malpractice liability insurance.

Health care workers providing services under this contract shall be rendering personal services to the Government and shall be subject to day-to-day supervision and control by Government personnel. Supervision and control is the process by which the individual health care worker receives technical guidance, direction, and approval with regard to a task(s) within the requirements of this contract.

C. STANDARD DUTIES AND RESPONSIBILITIES. You shall perform a full range of health care and wellness procedures as defined by the Commanding Officer, using government furnished facilities, equipment, and supplies within the assigned unit of the Medical Treatment Facility (MTF). Your productivity is expected to be comparable with that of other individuals performing similar services. You shall perform the following duties:

1. Comply with the standards of the Joint Commission, applicable provisions of law and the rules and regulations of any and all governmental authorities pertaining to licensure and regulation of healthcare personnel and medical treatment facilities, the regulations and standards of medical practice of the MTF and the bylaws of the hospital's medical staff. Adhere to and comply with all Department of the Navy, Bureau of Medicine and Surgery and local Clinic instructions and notices that may be in effect during the term of the contract.
2. Diagnose, treat, and counsel patients as indicated.
3. Prescribe and dispense medications as delineated by the Pharmacy and Therapeutics Committee.
4. Request consultation or referral with appropriate physicians, clinics, or other health resources as indicated.
5. Order diagnostic tests as applicable.
6. Supervise and teach other medical staff. Provide educational lectures and participate in the provision of in-service training to clinic staff members and residents. Such direction and interaction will adhere to government and professional clinical standards and accepted clinical protocol.
7. Promote preventive and health maintenance care, including annual physicals, positive health behaviors, and self-care skills through education and counseling.
8. Demonstrate awareness and sensitivity to patient/significant others' rights, as identified within the institution.
9. Demonstrate awareness of legal issues in all aspects of patient care and unit function and strive to manage situations in a reduced risk manner.
10. Participate in peer review and performance improvement activities.
11. Demonstrate appropriate delegation of tasks and duties in the direction and coordination of health care team members, patient care, and clinic activities.
12. Provide training and/or direction as applicable to supporting Government employees (i.e., hospital corpsmen, technicians, students) assigned to them during the performance of clinical procedures. Such direction and interaction will adhere to Government and professional clinical standards and accepted clinical protocol. Participate in clinical staff performance improvements functions at the prerogative of the Commanding Officer.
13. Participate in scheduled meetings to review and evaluate the care provided to patients, identify opportunities to improve the care delivered, and recommend corrective action when problems exist. Should a meeting occur outside of your regular working hours, you shall be required to read and initial the minutes of the meeting.
14. Participate in the practices of the Family Advocacy Program as directed. Participation shall include, but not be limited to, appropriate medical examination, documentation, and reporting.
15. Perform necessary administrative duties that include maintaining statistical records of your workload, operate and manipulate automated systems such as Composite Health Care System (CHCS), Ambulatory Data System

(ADS), participating in education programs, and participating in clinical staff Performance Improvement (PI) and Risk Management (RM) functions, as prescribed by the Commanding Officer.

D. MINIMUM PERSONNEL QUALIFICATIONS. To be qualified for this position you must:

1. Graduate of a medical school approved by the Liaison Committee on Medical Education of the American Medical Association or the American Osteopathic Association or certification by the Educational Council for Foreign Medical Graduates (ECFMG). (Attachment I, Item II (A) 1)
2. Graduate of a residency training program in Family Practice approved by the Accreditation Council for Graduate Medical Education or the Committee on Postdoctoral Training of the American Osteopathic Association or those Canadian training programs approved by the Royal College of Physicians and Surgeons of Canada or other appropriate Canadian medical authority. (Attachment I, Item II (A) 2)
3. Possess and maintain board certification in Family Practice. (Attachment I, Item II (A) 3)
4. Possess and maintain a current certification in American Heart Association Basic Life Support (BLS) for Healthcare Providers; American Heart Association Healthcare Provider Course; American Red Cross CPR (Cardio Pulmonary Resuscitation) for the Professional Rescuer; or equivalent. (Attachment I, Item II (A) 5)
5. Experience of at least 3 years within the last 5 years in a Family Practice setting. (Attachment I, Item II (B))
6. Possess a current, unrestricted license to practice medicine in any 1 of the 50 states, the District of Columbia, the Commonwealth of Puerto Rico, Guam, or the U.S. Virgin Islands. The health care worker is responsible for complying with all applicable licensing regulations. Additionally, health care workers licensed outside of the 50 States must provide proof of having successfully passed the National Council Licensure Exam (NCLEX). (Attachment I, Item II (G))
7. Possess and maintain a current state and federal (DEA number) narcotics license. (Attachment I, Item II (G))
8. Healthcare workers shall be eligible for U.S. employment. No alien shall be allowed to perform under this contract in violation of the Immigration Laws of the United States. (Attachment I, Item II (H))
9. Provide three letters of recommendation from practicing physicians or supervisors attesting to your clinical and professional skills. Reference letters must include name, title, phone number, date of reference, address and signature of the individual providing reference. Letters of reference must have been written with the preceding 5 years. (Attachment I, Item II (I))
10. Health care workers shall read, write, speak, and understand the English language fluently and maintain good communication skills with patients and other healthcare personnel.
11. Health care workers shall be physically capable of standing and/or sitting for extended periods of time and capable of normal ambulation.
12. Health care workers shall represent an acceptable malpractice risk to the Government.
13. Submit a fair and reasonable price that has been accepted by the Government.

E. FACTORS TO BE USED IN A CONTRACT AWARD DECISION. If you meet the minimum qualifications listed in the paragraph above entitled, "Minimum Personnel Qualifications" you will be ranked against all other Family Practice Physicians using the following criteria, listed in descending order of importance:

1. Quality and quantity of experience as it relates to the duties contained herein.
2. The letters of recommendation may enhance your ranking if they address such items as clinical and professional skills, competencies, patient rapport, training abilities, etc.

3. Prior medical experience in a DoD facility (i.e., experience with TRICARE, CHCS, and similar DoD specific systems). Demonstrate familiarity of military and military dependant healthcare issues, i.e. deployment or separation.

F. INSTRUCTIONS FOR COMPLETING THE APPLICATION. To be qualified for this contract position, you must submit the following:

1. _____ A completed " Personal Qualifications Sheet – Family Practice Physician " (Attachment I)
2. _____ A completed Pricing Sheet (Attachment II)
3. _____ Proof of employment eligibility (Attachment III).
4. _____ Three or more letters of recommendation per paragraph D.9. above.
5. _____ Central Contracting Registration Confirmation Sheet (Attachment IV)

G. OTHER INFORMATION FOR OFFERORS.

Credentialing Requirements. Upon award, the healthcare worker shall complete an Individual Credentials File (ICF) prior to performance of services. The ICF, maintained at the MTF, contains specific information with regard to qualifying degrees and licenses, past professional experience and performance, education and training, health status, and current competence as compared to specialty-specific criteria regarding eligibility for defined scopes of health care services. BUMED Instruction 6320.66C, Appendix R (or current version) details the IPF requirements. A copy of this instruction may be obtained via the internet at <http://navymedicine.med.navy.mil/instructions/default.asp?type=D>.

Frequently asked questions about Individual Set-Aside (ISA) requirements are answered in the ISA HANDBOOK available at <http://www-nmlc.med.navy.mil> under Public Access, OR can be requested from the contract specialist listed below.

After your application is reviewed, the Government will do at least one of the following: (1) Call you to negotiate your price, or (2) Ask you to submit additional papers to ensure you are qualified for the position, (3) Send you a letter to tell you that you are either not qualified for the position or that you are not the highest qualified individual, or (4) Make contract award from your application. If you are the successful applicant, the contracting officer will mail to you a formal government contract for your signature. This contract will record the negotiated price, your promise to perform the work described above, how you will be paid, how and by whom you will be supervised, and other rights and obligations of you and the Navy. Since this will be a legally binding document, you should review it carefully before you sign.

PLEASE NOTE: As of June 1, 1998 all contractors must be registered in the Central Contractor Registration (CCR) as a prerequisite to receiving a Department of Defense (DoD) contract. You may register in the CCR through the World Wide Web at <http://www.ccr2000.com>. This website contains all information necessary to register in CCR. An extract from this website is provided as Attachment 4 to this application.

You will need to obtain a DUNS (Data Universal Numbering System) number prior to registering in the CCR database. This DUNS number is a unique, nine-character company identification number. Even thou you are an individual, not a company, you must obtain this number. You may do so by calling Dun and Bradstreet at 1-800-333-0505.

The CCR also requires several other codes as follows:

CAGE Code: A Commercial and Government Entity (CAGE) code is a five-character vendor ID number used extensively within the DoD. If you do not have this code, one will be assigned automatically after you complete and submit the CCR form.

US Federal TIN: A Taxpayer ID Number or TIN is the same as your Social Security Number.

NAICS Code: A North American Industry Classification System code is a numbering system that identifies the type of products and/or services you provide. The NAICS Code for this position is 623311.

If you encounter difficulties registering in the CCR, contact the CCR Registration Assistance Centers at 1-888-227-2423 or call your Contract Specialist or Contracting Officer at NMLC. Normally, registration completed via the Internet is accomplished within 48 hours. Registration of an applicant submitting an application through the mail or via facsimile may take up to 30 days. Therefore, you are encouraged to apply for registration immediately upon receipt of the Notice of Contracting Opportunity. Any contractor who is not registered in CCR will NOT get paid.

Upon notification of contract award, you will be required to obtain a physical examination at your expense. The physician must complete the questions in the physical certification, which will be provided with the contract. You will also be required to obtain the liability insurance specified in Attachment 2, Pricing Information. Before commencing work under a Government contract, you must notify the Contracting Officer in writing that the required insurance has been obtained.

A complete, sample contract is available upon request.

Questions concerning this package may be addressed at (301) 619-6021.

We look forward to receiving your application.

ATTACHMENT I
PERSONAL QUALIFICATIONS SHEET – FAMILY PRACTICE PHYSICIAN

1. Every item on the Personal Qualifications Sheet must be addressed. Please sign and date where indicated. Any additional information required may be provided on a separate sheet of paper (indicate by number and section the question(s) to be addressed).
2. The information you provide will be used to determine your acceptability based on Section D of the solicitation. In addition to the Personal Qualifications Sheet, please submit three letters of recommendation as described in Item I. of this Sheet.
3. After contract award, all of the information you provide will be verified during the credentialing process. At that time, you will be required to provide the following documentation verifying your qualifications: Professional Education Degree, Release of Information, Personal and Professional Information Sheet, all medical licenses held within the preceding 10 years, continuing education certificates, and employment eligibility documentation. If you submit false information, the following actions may occur:
 - a. Your contract may be terminated for default. This action may initiate the suspension and debarment process, which could result in the determination that you are no longer eligible for future Government contracts.
 - b. You may lose your clinical privileges. If that occurs, an adverse credentialing action report will be forwarded to your State licensing bureau and the National Practitioners Databank.
4. Unless otherwise specified, the Government reserves the right to transfer to the gaining Contractor the credentials of a health care worker who has been granted delineated clinical privileges on a predecessor contract without a new or additional credentialing action. This extension may only occur:
 - a. within the same command,
 - b. when there is no increased clinical competency requirement of the health care worker,
 - c. when there is no significant change in the scope of clinical practice of the health care worker,
 - d. when there is no gap in performance between the contracts and,
 - e. when the health care worker has had acceptable performance evaluations.
5. Health Certification. Individuals providing services under Government contracts are required to undergo a physical exam 60 days prior to beginning work. The exam is not required prior to award but is required prior to the performance of services under contract. By signing this form, you have acknowledged this requirement.

I. Information**A. General**

Name: _____ SSN: _____
 Last First Middle

Date of Birth: _____

Address: _____

Phone: (____) _____

B. Medical Information

	YES	NO
1. Do you have any physical handicap or condition that could limit your clinical practice?	_____	_____
2. Have you been hospitalized for any reason during the past 5 years?	_____	_____
3. Are you currently receiving or have you ever received formal mental health therapy?	_____	_____
4. Do you currently have, or in the past have you ever had, an alcohol dependency?	_____	_____
5. Are you currently receiving, or have you in the past ever received, therapy for any alcohol related problem?	_____	_____
6. Have you ever been unlawfully involved in the use of controlled substances?	_____	_____
7. Are you currently receiving, or have you in the past ever received, therapy for any drug-related condition?	_____	_____

C. Health Certification. Individuals providing services under Government contracts are required to undergo a physical exam within 60 days prior to beginning work. The exam is not required prior to award but is required prior to the performance of services under contract. You must acknowledge this requirement by signing below.

 (Signature)

 (Date)

II. Professional Education**A. Advanced Education****1. Medical School (Section D, Item 1):**

	Date of Training (From)	(To)
a. Name of Accredited School:	_____	_____

b. Type of Degree:	_____	

c. Location and Address of School:

d. Name of Accredited School: Date of Training
(From) (To)

e. Type of Degree:

f. Location and Address of School:

2. Residency Training (Section D, Item 2)

a. Name of Accredited School: Date of Training
(From) (To)

b. Residency (specialty):

c. Location and Address of School:

d. Name of Accredited School: Date of Training
(From) (To)

e. Type of Degree:

f. Location and Address of School:

3. Board Certification (Section D, Item 3)

(specialty)

Date of certification (mm/dd/yy)

4. Continuing Education

Title of Course	From	To	CE Hours
<hr/>			
<hr/>			
<hr/>			
<hr/>			

5. Certifications (Section D, Items 4)

	<u>YES</u>	<u>NO</u>
BLS Level C Expiration Date: _____	_____	_____
PALS Expiration Date: _____	_____	_____
ACLS Expiration Date: _____	_____	_____
ATLS Expiration Date: _____	_____	_____
Other: Expiration Date: _____	_____	_____

B. Professional Employment (Section D, Item 5). List your current and preceding employers for the past 5 years:

Name and Address of Present Employer	<u>From</u>	<u>To</u>
(1) _____ _____ _____	_____	_____
Work Performed: _____ _____ _____		
Name and Address of Previous Employer	<u>From</u>	<u>To</u>
(2) _____ _____ _____	_____	_____
Work Performed: _____ _____ _____		
(3) _____ _____ _____	<u>From</u>	<u>To</u>
Work Performed: _____ _____ _____	_____	_____

C. List military experience providing Family Practice Medicine services: (enhancement factor)

(1) _____

Position/Title: _____
From: _____ To: _____

(2) _____

Position/Title: _____

From: _____ To: _____

(3) _____

Position/Title: _____

From: _____ To: _____

Provide an explanation of any gaps in employment within the time specified in Section B above on a separate sheet of paper.

Are you currently employed on a Navy contract? _____

If so where is your current contract and what is the position?

When does the contract expire? _____

D. List prior experience teaching or proctoring residents in graduate medical education settings:

<u>Name of Medical Facility</u>	<u>From</u>	<u>To</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

E. Membership in professional organizations that promote the specialty of Family Practice Medicine:

	<u>From</u>	<u>To</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

F. Practice Information:

	<u>Yes</u>	<u>No</u>
1. Have you ever been the subject of a malpractice claim?	_____	_____
2. Have you ever been a defendant in a felony or misdemeanor case?	_____	_____
3. Have you ever had your professional license revoked?	_____	_____
4. Have you ever voluntarily surrendered your professional license?	_____	_____

If any of the above is answered "yes" attach an explanation. Specifically address the disposition of the claim or charges for numbers 1 and 2 above. List the issuing state of the revocation/voluntary surrender for numbers 3 and 4 above.

G. Licensure (to include all medical licenses held) (Section D, Items 6 and 7)

1. License Number	State	Date of Expiration
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

2. Drug Enforcement Number	State	Date of Expiration
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

H. Employment Eligibility (Section D, Item 8):

Yes No

Do you meet the requirements for U.S? Employment Eligibility contained in Section V?

I. Professional References (Section D, Item 9) (Enhancing factor)

Provide letters of recommendation from three practicing physicians attesting to your clinical skills. Reference letters must include name, title, phone number, date of reference, address and signature of the individual providing reference. Letters of reference must have been written within the preceding 5 years.

J. Additional Information

Provide any additional information you feel may enhance your ranking based on Section E. Factors to be Used in a Contract Award Decision, such as your resume, curriculum vitae, commendations or documentation of any awards you may have received, etc.

III. Enhancing Factors

Those items that may enhance the ranking of a candidate, as described in the cover memorandum, shall be attached to this application. This includes letters of recommendation and other such documentation.

PRIVACY ACT STATEMENT

Under 5 U.S.C. 552a and Executive Order 9397, the above information is requested for use in the consideration of a contract. Disclosure of the information is voluntary; failure to provide information may result in the denial of the opportunity to enter into a contract.

I hereby certify the above information to be true and accurate:

_____(mm/dd/yy)

 (Signature) (Date)

ATTACHMENT II**PRICING SHEET****PERIOD OF PERFORMANCE**

Services are required from 01 APR 2003 through 30 SEP 2003. Five option periods will be included which will extend services through 31 MAR 2008, if required by the Government. The Contracting Officer reserves the right to adjust the start and end dates of performance to meet the actual contract start date.

PRICING INFORMATION

Insert the price per hour that you want the Navy to pay you. You may want to consider inflation rates when pricing the option periods. The Government will award a contract that is neither too high nor too low. Your price should be high enough to retain your services but not so high as to be out of line when compared to the salaries of other Family Practice Physicians in the Corpus Christi area. The hourly price includes consideration for the following taxes and insurance that are required:

(a) Please note that if you are awarded a Government contract position, you will be responsible for paying all federal, state and, local taxes. The Navy does not withhold any taxes. Your proposed prices should include the amount you will pay in taxes.

(b) Before commencing work under a contract, you shall obtain the following required levels of insurance at your own expense: (a) General Liability - Bodily injury liability insurance coverage written on the comprehensive form of policy of at least \$500,000 per occurrence, and (b) Automobile Liability - Auto liability insurance written on the comprehensive form of policy. Provide coverage of at least \$200,000 per person and \$500,000 per occurrence for bodily injury and \$20,000 per occurrence for property damage.

The price that you propose for the base period will be added to the proposed price for all option periods for the purpose of price evaluation.

<u>Line Item</u>	<u>Description</u>	<u>Quantity</u>	<u>Unit</u>	<u>Unit Price</u>	<u>Total Amount</u>
0001	The offeror agrees to perform, on behalf of the Government, the duties of one Family Practice Physician for the Naval Hospital, Corpus Christi, TX in accordance with this application and the resulting contract.				
0001AA	Base Period; 01 APR 03 thru 30 SEP 03	1040	Hour	_____	_____
0001AB	Option Period I; 01 OCT 03 thru 30 SEP 04	2096	Hour	_____	_____
0001AC	Option Period II; 01 OCT 04 thru 30 SEP 05	2088	Hour	_____	_____
0001AD	Option Period III; 01 OCT 05 thru 30 SEP 06	2080	Hour	_____	_____
0001AE	Option Period IV; 01 OCT 06 thru 30 SEP 07	2080	Hour	_____	_____
0001AF	Option Period V; 01 OCT 07 thru 31 MAR 08	1048	Hour	_____	_____
TOTAL FOR CONTRACT LINE ITEM 0001				\$	_____

Printed Name _____ DUNS # _____

Signature _____ Date _____

Email Address _____

LISTS OF ACCEPTABLE DOCUMENTS – ATTACHMENT III
SUBMIT ONE FROM LIST A

LIST A

Documents that Establish Both Identity and Employment Eligibility

1. U. S. Passport (unexpired or expired)
2. Certificate of U. S. Citizenship (INS Form N-560 or N-561)
3. Certificate of Naturalization (INS Form N-550 or N-570)
4. Unexpired foreign passport, with I-551 stamp or attached INS Form I-94 indicating unexpired employment authorization.
5. Alien Registration Receipt Card with photograph (INS Form I-151 or I-551)
6. Unexpired Temporary Resident Card (INS Form I-688)
7. Unexpired Employment Authorization Card (INS Form I-688A)
8. Unexpired Reentry Permit (INS Form I-327)
9. Unexpired Refugee Travel Document (INS Form I-571)
10. Unexpired Employment Authorization Document issued by the INS which contains a photograph (INS Form I-698B)

OR SUBMIT ONE FROM LIST B AND ONE FROM LIST C

LIST B

Documents that Establish Identity

1. Driver's license or ID card issued by a state or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, sex, height, eye color, and address
2. ID card issued by federal, state or local government agencies of entitles provided it contains a photograph or information such as name, date of birth, sex height, eye color, and address
3. School ID card with a photograph
4. Voter's registration card
5. U.S. Military card or draft record
6. Military dependant's ID Card
7. U.S. Coast Guard Merchant Mariner Card
8. Native American tribal document
9. Driver's license issued by a Canadian government authority

For persons under age 18 who are unable to present a document listed above;

10. School record or report card
11. Clinic, doctor, or hospital record
12. Day-care or nursery school record

LIST C

Documents that Establish Employment Eligibility

1. U.S. social security card issued by the Social Security Administration (other than a card stating it is not valid for employment)
2. Certification of Birth Abroad issued by the Department of State (Form FS-545 or Form DS-1350)
3. Original or certified copy of a birth certificate issued by a state, county, municipal authority or outlying possession of the United States bearing an official seal
4. Native American Tribal document
5. U.S. Citizen ID Card (INS Form I-197)
6. ID Card for use of Resident Citizen in the United States (INS Form I-179)
7. Unexpired employment authorization document issued by the INS (other than those listed under List a).

**ATTACHMENT IV
CENTRAL CONTRACTOR REGISTRATION APPLICATION
CONFIRMATION SHEET**

As of June 1, 1998 all contractors must be registered in the Central Contractor Registration (CCR) as a prerequisite to receiving the Department of Defense (DoD) contract.

Registration through the World Wide Web is preferred. The Web address is <http://www.ccr.com> If you do not have internet access, please contact the CCR Registration Assistance Centers at 1-888-227-2423.

In order to register with the CCR you are required to obtain a DUNS number from Dun & Bradstreet. Please contact Dun & Bradstreet at 1-800-333-0505 to request a number or request the number via internet at <http://www.dnb.com/aboutdb/dunsform.htm>.

When you have done this, please include it with your application or mail or fax **"THIS COMPLETED CONFIRMATION SHEET"** to:

Naval Medical Logistics Command
ATTN: Code 02 (21C)
1681 Nelson Street
Fort Detrick, MD 21702-9203
FAX (301) 619-6793

Name: _____

Address: _____

Email Address: _____

Date CCR was submitted: _____

Assigned DUN & BRADSTREET #: _____

ATTACHMENT V
SMALL BUSINESS PROGRAM REPRESENTATIONS

As stated in paragraph I.A. of this application this position is set-aside for individuals, as an individual you are considered a Small Business for statistical purposes. If you are female, you are considered a woman-owned small business. If you belong to one of the racial or ethnic groups in section B, you are considered a small disadvantaged business. To obtain further statistical information on Women-owned and Small Disadvantaged Businesses you are requested to provide the additional information requested below.

NOTE: This information will not be used in the selection process nor will any benefit be received by an individual based on the information provided.

Check as applicable:

Section A.

- ☐ () The offeror represents for general statistical purposes that it is a woman-owned small business concern.
- ☐ () The offeror represents, for general statistical purposes, that it is a small disadvantaged business concern as defined in 13 CFR 124.1002.

Section B

[Complete if offeror represented itself as disadvantaged in this provision.] The offeror shall check the category in which its ownership falls:

☐ Black American.

☐ Hispanic American.

☐ Native American (American Indians, Eskimos, Aleuts, or Native Hawaiians).

☐ Asian-Pacific American (persons with origins from Burma, Thailand, Malaysia, Indonesia, Singapore, Brunei, Japan, China, Taiwan, Laos, Cambodia (Kampuchea), Vietnam, Korea, The Philippines, U.S. Trust Territory of the Pacific Islands (Republic of Palau), Republic of the Marshall Islands, Federated States of Micronesia, the Commonwealth of the Northern Mariana Islands, Guam, Samoa, Macao, Hong Kong, Fiji, Tonga, Kiribati, Tuvalu, or Nauru).

☐ Subcontinent Asian (Asian-Indian) American (persons with origins from India, Pakistan, Bangladesh, Sri Lanka, Bhutan, the Maldives Islands, or Nepal).

Quoter's Name: _____

Notice of Contracting Opportunity No.: MC-05-03